

Tailored Health Communication: Crafting the Patient Message for HIV TIPS

²Jacqueline Merrill, MPH, RN, C, ^{1,3,4}Rita Kukafka, DrPH, MA, ^{2,3}Suzanne Bakken, RN, DNSc,

¹Rachel Ferat, MA, ¹Eliz Agopian, MPH, ^{1,4}Peter Messeri, PhD

Columbia University ¹Mailman School of Public Health, ²School of Nursing, ³Department of Medical Informatics

⁴National AIDS Education Training Center

The HIV TIPS project will pilot and evaluate the use of web-based information technology on prescription errors and quality of care by providing tailored practice guidelines and patient education in ambulatory practice settings of the National AIDS Education and Training Centers (NAETC) network. In the first phase of the project, we tailored messages to guide patient adherence and self-care, using DHHS guidelines. We developed a method based on communication theory to ensure complete and effective messages.

Introduction

Guidelines for recommended HIV/AIDS anti-retroviral therapy (ARVT) have been widely available for several years, yet the complexity of HIV medication regimes and the rapidly changing knowledge base limit their use. Even when appropriately prescribed, ensuring patient adherence to an ARVT regimen is challenging. Yet in contrast to therapeutic regimens for other chronic diseases, in HIV/AIDS 99-100% adherence to ARVT is necessary to reduce viral load. Sub-optimal adherence results in rapid increase in viral load and development of viral resistance.¹ Within the context of the HIV TIPS project, we sought to develop messages tailored to patients' issues with adherence, including perceived barriers and self-care related to managing ARVT side effects.

Methods

Risk communication theory prescribes messages that contain not more than three main points with no more than three supporting statements for each main point.² Fossard suggests that an effective communication includes seven specific functions: command attention; cater to head and heart; call to action; clarify the message; communicate a benefit; create trust; and convey a consistent message.³ We crafted patient adherence/self care messages at a sixth grade reading level based on DHHS HIV/AIDS guidelines.⁴

We tailored the messages to reply to individual patient responses on the HIV TIPS computerized adherence/self-care assessment. We dissected each message into components to determine the extent to which messages corresponded with theory-based recommendations for effective communication.

Results

When compared to the framework, we found our original messages most frequently lacked a clear call to action and communication of a benefit (see figure).

RULES	Sample ADHERENCE MESSAGE		
	2. Are you careless at times about taking your medication?	1. Take all medicine exactly as prescribed	2. Take correct dose
Three main messages (Covello)	1. Take all medicine exactly as prescribed	2. Take correct dose	3. Take medicine at right time w/ right foods
No more than 3 supporting statements for each main message (from Covello)	1. Correct medication regime improves outcome	1. Incorrect dose can cause same problems as skipping dose	1. Body will absorb medicine properly. 2. Side effects will be less
Command Attention (from Fossard)	You said that you can be careless with your medication		
Cater to heart & head			
Call to action	It is important that you take all of your medication exactly as your doctor explains it		
Clarify message		If you take the wrong number of pills you can end up with the same problems you might have if you skip doses	If you take the medicine at the wrong time or with the wrong foods, your body might not absorb the medicine or your side effects might be worse
Communicate a benefit	Taking your medicine correctly every time can help you live a longer and healthier life		
Create trust			
Convey consistent message			

Discussion

Full adherence to the ARVT regimen is essential to achieve clinical outcomes. This fact accentuates the importance of ensuring complete, effective patient communication in order to increase potential positive influence on patient adherence. Communication theory was useful in identifying potential weaknesses in our original messages. Adjusted messages now conform to recommendations. We will evaluate the use of tailored messages as part of HIV TIPS implementation in the AETC network.

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